

CFC-CCDR 1/14

<b>Campaign Contribution Disclosure Report</b> <b>Georgia Government Transparency and Campaign Finance Commission</b> 200 Piedmont Avenue S.E.   Suite 1402 West Tower   Atlanta, GA 30334   404-463-1980   <a href="http://www.ethics.ga.gov">www.ethics.ga.gov</a>		
<b>1. Report Type</b> (Select One)  <input checked="" type="checkbox"/> Original  <input type="checkbox"/> Amendment  Amendment # _____	<b>2. Filing is being made on behalf of (Select One):</b> <b>Candidate or Public Official</b> Office Held or Sought: <u>County Commissioner District 7 Chair</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Filer ID: <u>C2013001359</u> <small>(Filer ID that begins with the letter "C")</small>  <b>Organization or Person Other than Candidate's Campaign Committee</b> Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	RECEIVED Local Location Code: <u>Fulton County</u> Use Earlier or Post Mark or Hand Delivered Date <b>APR 07 2014</b>  Director of Registrations and Elections <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

**3. Identifying and Contact Information**

(1) Earl L Cooper 2014-05-14  
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) 412 Linden Ave Atlanta 30308  
Mailing Address City Zip Code

(4) 404-317-1228 and/or greatness2@me.com  
Primary Contact Phone Number E-Mail

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? ☐ Yes ☒ No

(6) If yes, is the committee registered with the Commission? ☐ Yes N/A ☐ No

(7) If yes, complete the following: N/A | \_\_\_\_\_  
Name of Committee Chairperson Name of Committee Treasurer

**4. Period for which you are Reporting****You Must Check Only One Box**

My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year)  <b>Supplemental Reporting</b> <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year)  <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act                      *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> January 31, ____ (year) <input checked="" type="checkbox"/> March 31, <u>2014</u> (year) <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)

State of Georgia County of Fulton

I, Earl L Cooper, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed to on May 14, 2014

Anthony Glover  
Signature of Notary Public

Earl L Cooper  
a. Signature of Candidate

Earl L Cooper  
b. Organization/Chairperson/Treasurer

Public Officer/Candidate/Other Than Candidate Committee Name

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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Summary Report**

**CONTRIBUTIONS RECEIVED**

		In-Kind Estimated Value	Cash Amount
1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:		
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	0	443
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0	650
3a	All loans received this reporting period.		1000
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		350
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		2000
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		2400

**EXPENDITURES MADE**

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.		405.00
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		1100.00
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page		800.00
11	Total expenditures reported this period. (Line 9 + 10)		1905
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		3315

**INVESTMENTS**

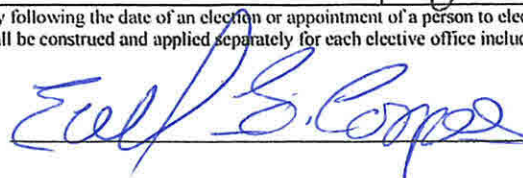
13	Total value of investments held at the beginning of this reporting period.		0
14	Total value of investments held at the end of this reporting period.		0

**TOTAL NET BALANCE ON HAND**

15	Net balance on hand. (Line 6 - 12 + 14)	0	85
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\* O.C.G.A. 21-5-3(10): Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

Public Officer/Candidate/Other Than Candidate Committee Name



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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Outstanding Indebtness**

Election Cycle*: _____ Election Year: <u>2014</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	<u>0</u>
2	Loans received this reporting period.	<u>1000</u>
3	Deferred payment of expenses this reporting period	<u>0</u>
4	Payments made on loans this reporting period.	<u>0</u>
5	Credits received on loans this reporting period	<u>0</u>
6	Payments this reporting period on previously deferred expenses.	<u>0</u>
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	<u>1000</u>

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	

\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)  
 Public Officer/Candidate/Other Than Candidate Committee Name

Public Officer/Candidate/Other Than Candidate Committee Name


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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Itemized Contributions**

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name <u>Conrad</u> Last Name <u>QUAGLIAROLI</u> Address <u>307 Hillpine Dr</u> Address2 City <u>Woodstock</u> State <u>GA</u> Zip <u>30189</u> Aff. Comm.	Date <u>2/23/14</u> <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occ. <u>Retired</u> Emp.	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. <u>150</u>	Est. Value  Description
First Name <u>Bruce</u> Last Name <u>Thompson</u> Address <u>18 Capital Blvd</u> Address2 City State Zip Aff. Comm.	Date <u>2/27/14</u> <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occ. <u>State Senator</u> Emp.	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. <u>500</u>	Est. Value  Description
First Name  Last Name  Address  Address2 City State Zip Aff. Comm.	Date  <input type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occ.  Emp.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.  	Est. Value  Description

Itemized Contributions Page Total \$ 650 \$

Public Officer/Candidate/Other Than Candidate Committee Name

Paul Cooper

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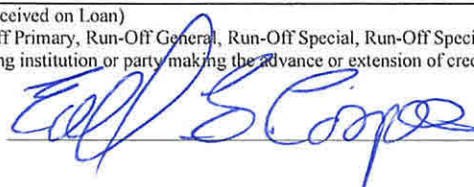
First Name	Date	Occ.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2					
City					
State	Zip				
Aff. Comm.					
First Name	Date	Occ.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2					
City					
State	Zip				
Aff. Comm.					
First Name	Date	Occ.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2					
City					
State	Zip				
Aff. Comm.					
First Name	Date	Occ.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2					
City					
State	Zip				
Aff. Comm.					
First Name	Date	Occ.	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2					
City					
State	Zip				
Aff. Comm.					
Itemized Contributions Page Total \$ _____ \$ _____					

\* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

\*\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

\*\*\* If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Public Officer/Candidate/Other Than Candidate Committee Name



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Loan Reporting			
Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.) <b>Earl Cooper</b>	1. <b>02-14-14</b>	First Name <b>Earl Cooper Campaign</b>	1. <b>Asst Pastor</b>
Lender Last Name <b>Cooper</b>	2.	Last Name	2.
Address <b>412 Linden</b>	3. <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address <b>412 Linden</b>	3. <input type="checkbox"/> Public Officer <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City <b>ATL</b>		City <b>ATL</b>	
State <b>GA</b>	Zip <b>30308</b>	State <b>GA</b>	Zip <b>30308</b>
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State	Zip	State	Zip
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ <b>1000.00</b>	

\* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

\*\* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

\*\*\* If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Public Officer/Candidate/Other Than Candidate Committee Name


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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Itemized Expenditures**

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name <i>Fulton County</i>	Date <i>03-03-14</i>	Occ.	<i>Guilty Fee</i>	<i>1110.<sup>00</sup></i>
Last Name <i>Republican Party</i>	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address <i>Rossvelt Rd</i>				
Address2				
City <i>Sandy Springs</i>				
State <i>GA</i> Zip <i>30328</i>				
First Name	Date	Occ.		
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address				
Address2				
City				
State Zip				
First Name	Date	Occ.		
Last Name	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address				
Address2				
City				
State Zip				

Page Total \$ *1110.00*

\* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)  
 Public Officer/Candidate/Other Than Candidate Committee Name

Public Officer/Candidate/Other Than Candidate Committee Name

*Ed S. Cope*

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List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name		Date	Occ.		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City					
State	Zip				
First Name		Date	Occ.		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City					
State	Zip				
First Name		Date	Occ.		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City					
State	Zip				
First Name		Date	Occ.		
Last Name					
Address		<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment on Deferred Expense <input type="checkbox"/> Investment	Emp.		
Address2					
City					
State	Zip				

\* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name Page Total \$

Public Officer/Candidate/Other Than Candidate Committee Name

*E. J. Corp* Page 8 of 10



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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Investments Statement**

1. Investment Name				Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____				Value at beginning of reporting period \$	
				Value at end of reporting period \$	
				Difference in value \$	
				Interest Paid Out \$	
				Cash Dividends \$	
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
2. Investment Name				Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____				Value at beginning of reporting period \$	
				Value at end of reporting period \$	
				Difference in value \$	
				Interest Paid Out \$	
				Cash Dividends \$	
Investment Transactions					
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>
<u>Total value of investments at beginning of reporting period \$</u> <u>Total value of investments at end of reporting period \$</u> <u>Total difference in value \$</u>			Page Total Cash Dividends: \$ _____ Page Total Interest Paid Out: \$ _____ Page Total Profit: \$ _____ Page Total Loss: \$ _____		

Public Officer/Candidate/Other Than Candidate Committee Name



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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Addendum Statement**

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.  
Information that is to be reported in the body of the report **should not** be listed on Addendum Statement.

Public Officer/Candidate/Other Than Candidate Committee Name

A handwritten signature in blue ink, appearing to read "Ed E. Coyle", is written over a horizontal line. To the right of the signature, the text "Page 10 of 10" is printed, with the "10" and "10" handwritten in blue ink.

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